

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90005 003 \*\*\*150.00

**DOCUMENT # P97000031002**

1. Entity Name  
**T.D.MCGRAW, INC.**



Principal Place of Business  
**2655 WARING LANE  
MALABAR, FL 32950**

Mailing Address  
**2655 WARING LANE  
MALABAR, FL 32950**

**40102098**



07272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3439285**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCGRAW, THOMAS D  
8540 FORT CLINCH AVE  
ORLANDO, FL 32822**

*2655 Waring Ln  
Malabar, FL 32950*

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Thomas D McGraw*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DPVS
NAME	MCGRAW, THOMAS D
STREET ADDRESS	2655 WARING LANE
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	T
NAME	MCGRAW, THOMAS D
STREET ADDRESS	2655 WARING LANE
CITY-ST-ZIP	MALABAR, FL 32950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Thomas D McGraw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-27-06*

Date

Daytime Phone #